



## Complete Summary

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### GUIDELINE TITLE

Evaluating excessive sleepiness in the older adult.

### BIBLIOGRAPHIC SOURCE(S)

Umlauf MG, Chasens ER, Weaver TE. Excessive sleepiness. In: Mezey M, Fulmer T, Abraham I, Zwicker DA, editor(s). Geriatric nursing protocols for best practice. 2nd ed. New York (NY): Springer Publishing Company, Inc.; 2003. p. 47-65. [35 references]

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
EVIDENCE SUPPORTING THE RECOMMENDATIONS  
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
QUALIFYING STATEMENTS  
IMPLEMENTATION OF THE GUIDELINE  
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY

## SCOPE

### DISEASE/CONDITION(S)

- Excessive sleepiness (may also be called excessive daytime sleepiness or hypersomnolence)
- Sleep disorder

### GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness  
Evaluation  
Management

### CLINICAL SPECIALTY

Family Practice  
Geriatrics  
Nursing  
Sleep Medicine

## INTENDED USERS

Advanced Practice Nurses  
Health Care Providers  
Nurses  
Students

## GUIDELINE OBJECTIVE(S)

- To identify the signs of excessive sleepiness (ES) and rate these symptoms using a standardized numerical scale
- To describe the signs and symptoms for the most common causes of ES in older adults: obstructive sleep apnea, restless leg syndrome, insomnia, and narcolepsy
- To plan appropriate interventions for the patient with ES
- To provide nursing care that incorporates Sleep Hygiene Measures
- To educate patients and families about sleep disorders and Sleep Hygiene Measures
- To modify medical interventions and routines that interfere with sleep maintenance and sleep quality
- To identify and refer patients needing evaluation by sleep medicine specialists
- To support patients in complying with treatment regimens for sleep disorders

## TARGET POPULATION

Older adults

## INTERVENTIONS AND PRACTICES CONSIDERED

### Assessment Strategies

1. Sleep history assessment
2. Use of clinical measures to assess excessive sleepiness (ES), including the:
  - Epworth Sleepiness Scale
  - Multivariable Apnea Prediction Index
  - Functional Outcomes of Sleep Questionnaire
  - Pittsburgh Sleep Quality Scale
3. Review of overnight sleep-studies (polysomnography), with or without measures of daytime sleepiness:
  - Multiple Sleep Latency Test
  - Maintenance of Wakefulness Test
4. Evaluation of the patient's knowledge and performance of sleep hygiene measures
5. Assess for signs and symptoms of the most common disorders causing excessive sleepiness:
  - Obstructive sleep apnea (OSA)
  - Insomnia
  - Restless leg syndrome (RLS) and periodic leg movement disorder
  - Narcolepsy

### Nursing Care Strategies

1. Manage medical conditions, psychological disorders and/or symptoms, and medications that can interfere with sleep
2. Develop individualized plans of care that:
  - Include active treatment of known sleep disorders
  - Incorporate Sleep Hygiene Measures
3. Ongoing assessment of adherence to prescriptions for sleep hygiene, medications, and/or devices to support respiration during sleep (e.g., continuous positive airway pressure [CPAP]); instruction and reinforcement
4. Refer symptomatic patients to sleep specialists

#### MAJOR OUTCOMES CONSIDERED

- Cognitive function/impairment
- Social and occupational performance
- Quality and quantity of sleep
- Driving safety

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Medline and CINAHL were the electronic databases used.

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

#### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

#### COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

#### METHOD OF GUIDELINE VALIDATION

Not stated

#### DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

### RECOMMENDATIONS

#### MAJOR RECOMMENDATIONS

##### Parameters of Assessment

- A careful history should be taken that includes both the patient and family members. People who share living and sleeping spaces can provide important information about sleep behavior that the patient may not be able to convey.
- Several strategies have been developed to take a sleep history that are outcomes of the Academic Sleep Awards program sponsored by the National Heart, Lung, and Blood Institute (NHLBI). Two formats are included in table format (see the original guideline document) to outline key points in obtaining key information from older patients and their family members.
- For patients with a current diagnosis of a sleep disorder, documentation and continuation of ongoing treatments, such as continuous positive airway pressure (CPAP), should be maintained and reinforced by patient and family education.

##### Nursing Care Strategies

- Management of medical conditions, psychological disorders and/or symptoms that interfere with sleep such as: depression, pain, hot flashes, anemia, or uremia.
- Review and/or adjust medications that have interactions and/or side effects that include drowsiness or sleep impairment.
- Instruction in and/or nursing delivery of Sleep Hygiene Measures (see below).
- Medical referral to a sleep specialist for moderate and severe conditions of excessive sleepiness (ES) and/or a clinical profile consistent with major sleep disorders, such as obstructive sleep apnea (OSA) and restless leg syndrome (RLS).

- Aggressive planning, monitoring and management of sleep disordered breathing with anesthesia or when sedative medications may be used, especially when positive airway pressure devices are used at home.
- Ongoing assessment of adherence to prescriptions for sleep hygiene, medications and/or use of devices to support respiration during sleep.
- Instruction in and/or reinforcement of use, cleaning and maintenance of positive airway pressure equipment and masks.

### Follow-up Monitoring

Depending upon diagnosis, follow-up may include long-term reinforcement of the original interventions along with supporting the patient to adhere to prescriptions from the sleep specialist.

- Rebound sleepiness may also occur during the initial treatment phase. This occurs because of sleep deprivation and should subside over time. Follow-up should also include ongoing assessment of napping and sleepiness.
- If obesity has been a complicating health factor, weight reduction may also be a desirable patient goal in the long term. With reduction in daytime sleepiness, the timing is ripe for increasing activity level. Treatment of sleep disorders should include planning for strategic changes in lifestyle that include regular exercise, which is consistent with cardiovascular rehabilitation and long-term diabetic control.
- Sleep hygiene measures should be continually reassessed.

### Sleep Hygiene Measures

- Use the bed only for sleeping (or sex).
- Develop consistent and rest-promoting bedtime routines.
- Maintain the same bedtime and waking time every day.
- Exposure to bright sunlight is desirable upon awakening, but should be avoided just prior to bedtime.
- Upon awakening, get up out of the bed slowly, no matter what time it is.
- If awakening during the night, avoid looking at the clock; frequent time checks will heighten anxiety and make sleep onset more difficult (turn the clock around!).
- Avoid naps entirely or limit naps to 10 to 15 minutes duration.
- Sleep in a cool and quiet environment.
- Patients who cannot sleep after 15 or 20 minutes should get up and go into another room, read or do a quiet activity using dim lighting until they are sleepy again. (Don't watch television, which emits too bright a light.)
- Sleeping alone is more restful than sleeping with another person or pets. If pets or bed partners add to the problem, moving to the couch for a couple of nights might be useful or restricting pets from sharing the bed may be necessary.
- Prior to bedtime avoid the following:
  - caffeine and nicotine after 12 noon
  - alcohol intake (more than 3 drinks)
  - large meals or exercise 3 to 4 hours before bedtime
  - emotional upset or emotionally charged activities

### CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

- Improve quantity and/or quality of sleep during normal sleep intervals.
- Reduce sequelae and occurrence of excessive sleepiness (ES).
- Improve cognitive functioning and functional status and improve social and occupational performance.

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

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Not stated

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better  
Living with Illness

### IOM DOMAIN

Effectiveness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

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### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2003

### GUIDELINE DEVELOPER(S)

The John A. Hartford Foundation Institute for Geriatric Nursing - Academic Institution

### GUIDELINE DEVELOPER COMMENT

The guidelines were developed by a group of nursing experts from across the country as part of the Nurses Improving Care for Health System Elders (NICHE) project, under sponsorship of The John A. Hartford Foundation Institute for Geriatric Nursing.

### SOURCE(S) OF FUNDING

Supported by a grant from The John A. Hartford Foundation.

### GUIDELINE COMMITTEE

Not stated

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

## GUIDELINE STATUS

This is the current release of the guideline.

## GUIDELINE AVAILABILITY

Copies of the book Geriatric Nursing Protocols for Best Practice, 2nd edition:  
Available from Springer Publishing Company, 536 Broadway, New York, NY  
10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web:  
[www.springerpub.com](http://www.springerpub.com).

## AVAILABILITY OF COMPANION DOCUMENTS

None available

## PATIENT RESOURCES

None available

## NGC STATUS

This summary was completed by ECRI on May 30, 2003. The information was  
verified by the guideline developer on August 25, 2003.

## COPYRIGHT STATEMENT

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